

3. Generator's Name and Mailing Address

CALIFORNIA WAST

110 E. 9TH ST., LOS ANGELES, CA 90079

4. Generator's Phone (213) 239-9217

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number

CAE 932 245 001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD

WHITTIER, CA 90602

10. US EPA ID Number

CADO12 245 001

A. State Manifest Document Number

87113319

B. State Generator's ID

C. State Transporter's ID

704874

D. Transporter's Phone (213) 698-0991

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CADO142245001

H. Facility's Phone

(213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID N.O.S. NA 9139 ORM-E
(R-11)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY